


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 15, 2006 8:00 am**  
**Secretary of State**

03-15-2006 90110 023 \*\*\*150.00

DOCUMENT # P02000112167					
1. Entity Name MICHAEL S. SULLIVAN, P.A.					
Principal Place of Business 1120 DUVAL STREET KEY WEST, FL 33040			Mailing Address 1120 DUVAL STREET KEY WEST, FL 33040		
2. Principal Place of Business <i>1800 Atlantic Blvd</i>			3. Mailing Address <i>1800 Atlantic Blvd</i>		
Suite, Apt. #, etc. <i>A-102</i>			Suite, Apt. #, etc. <i>A-102</i>		
City & State <i>KW, FL 3</i>			City & State <i>KW, FL</i>		
Zip <i>33040</i>		Country <i>U.S.</i>		Zip <i>33040</i>	
Country <i>U.S.</i>		4. FEI Number <b>54-2071652</b>			
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  SULLIVAN, MICHAEL S 1120 DUVAL STREET KEY WEST, FL 33040			7. Name and Address of New Registered Agent  Name <i>1800 Atlantic Blvd</i> Street Address (P.O. Box Number is Not Acceptable) <i>A-102</i> City <i>KW</i> FL <i>33040</i>		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE <i>msullivan</i> <u>MICHAEL SEAN SULLIVAN</u> <u>02-10-06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD SULLIVAN, MICHAEL S 1120 DUVAL STREET KEY WEST, FL 33040 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>1800 Atlantic Blvd A-102</i> <i>KW, FL 33040</i>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>msullivan</i> <u>MICHAEL SEAN SULLIVAN</u>			<u>02-10-06</u> Date		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Daytime Phone #</small>		

50002704



02102006 Chg-P CR2E034 (11/05)

305-364-8259